

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

 Change in Company's premium or rate level produced by rate revision effective 3/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$1,172,881	4.40%
Line of Insurance		

 Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the list of  
credited classes.

 Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting
NCCI Loss Costs (IL-2010-1). We have changed our deviated Loss Cost Multiplier to 1.746, and
our surcharged Loss Cost Multiplier to 2.181. Schedule credits/debits are changed to +/-40%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Addison Insurance Company
Name of Company
Allen R. Sorensen, VP - Corporate Underwriting
Official - Title

# FILED

## MAR 01 2011

### STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

MAY 01 2011

Change in Company's premium or rate level produced by rate revision effective 05/01/2011.STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$10,800	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI advisory loss costs and rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Allied Eastern Indemnity Company

Name of Company

Richard W. Irons - Product Manager

Official - Title

## ILLINOIS SUMMARY SHEET

## FORM RF-3

Change in Company's premium or rate level produced by rate revision effective January 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	\$299,701	+0.4%
16. Other _____		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain classes? If so, specify No

Brief description of filing (if filing follows rates of an advisory organization, specify organization) This filing proposes to apply  
the current loss cost multiplier of 1.450 (1.902 for F-classes) to the January 1, 2011 loss costs published by the National  
Council on Compensation Insurance effective January 1, 2011 for new and renewal policies. The ELF's are calculated using  
an LCM of 1.846.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

American Alternative Insurance Corporation  
 Name of Company

Kathryn Sine, Senior State Filing Analyst  
 Official — Title

**FILED**

JUN 01 2011

Form (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

06-01-2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	\$3,903,732	+2.4%
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-11 NCCI-approved loss costs and revising Loss Cost Multiplier.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

JUN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

American Economy Insurance

Company

Name of Company

Eric B. Ummel

Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective August 1, 2011

(1)	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
<u>Coverage</u>		
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$232,183	-0.2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

NA

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are filing to adopt NCCI's January 1, 2011 loss costs adjusted by our current multiplier of 1.473. This will result in an overall decrease of -0.2%.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates

**FILED**

AUG 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

American Hardware Mutual Ins Co  
Name of Company

Evelyn Bachman,  
Filing /Manual Coordinator  
Official - Title

**FILED**

JUN 01 2011

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 06-01-2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,125,705</u>	<u>+2.9%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-11 NCCI-approved loss costs and revising Loss Cost Multiplier.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

JUN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISAmerican States Insurance  
Company

Name of Company

Eric B. Ummel

Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title

IL Department of Insurance  
FORM (RF-3)  
SUMMARY SHEET

**RECEIVED**

JAN - 7 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective January 1, 2011		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$2,056,517</u>	<u>1.4%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new and renewal policies.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Assurance Co. of America  
Name of Company

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Nancy M. Hoppe, SVP and Chief Pricing /  
Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

APR 01 2011

Change in Company's premium or rate level produced by rate revision effective 04/01/2011.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	\$675,390	NCCI overall + 0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

This Filing is to adopt the NCCI January 1, 2011 Loss Costs and Rating Values. Current LCMs of 1.30 standard and 1.10 coal will apply to the NCCI Loss Costs adopted with this filing.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

BrickStreet Insurance

Name of Company

Official – Title



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Automobile		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	12,245,015	-0.4%
16. Other		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.698 to 1.717. The filing maintains the current approved deviation of +10.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Charter Oak Fire Insurance Company

Name of Company

*Sari O'Keefe*

2nd Vice President

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2011

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	10,121,899	-2.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Chubb Indemnity Insurance Company

Name of Company

Assistant Vice President

Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 01/01/2011.**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1)	(2)	(3)
	Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1.	Automobile Liability Private		
	Passenger		
	Commercial		
2.	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers' Compensation	7268508	+ 0.4% <del>loss costs</del> <i>Advisory Rates</i>
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: NO

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): filing is to adopt NCCI WC rate filing effective 1/1/2011  
clrcular filing IL-2010-07

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Dallas National Insurance Company

Name of Company

*Randy Schmitt*

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	1,597,469	2.3%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.389 to 1.404. The filing maintains the current approved deviation of -10.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Discover Property and Casualty Insurance Company

Name of Company

*Lori O'Keefe*

2nd Vice President

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

MAY 01 2011

Change in Company's premium or rate level produced by rate revision effective 05/01/2011.STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$563	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI advisory loss costs and rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Eastern Advantage Assurance Company

Name of Company

Richard W. Irons - Product Manager

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**Change in Company's premium or rate level produced by rate revision effective 05/01/2011 MAY 01 2011

(1)		(2)	STATE OF ILLINOIS DEPARTMENT OF INSURANCE SPRINGFIELD, ILLINOIS Percent
Coverage		Annual Premium Volume (Illinois) *	Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damage Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$250,338	+0.4%
Life of Insurance			

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): NCCI advisory loss costs and rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Eastern Alliance Insurance Company

Name of Company

Richard W. Irons - Product Manager

Official - Title

**FILED**

MAY 01 2011

Form (RF-3)

SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 5-1-11

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$7,686,457</u>	<u>4.70%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting the advisory loss costs approved in NCCI circular IL-2010-10 with a loss cost multiplier of 1.64 with the exception of class 6204 which will have a multiplier of 0.74.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

MAY 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

H29219D

**FILED**

MAY 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISEMCASCO Insurance Company

Name of Company

Don Coughenower  
Assistant Vice President

Official - Title

**FILED****Section 754.EXHIBIT A Summary Sheet (Form RF-3)****JAN 01 2011****FORM (RF-3)****SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**Change in Company's premium or rate level produced by rate revision  
effective 01/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	14,917,237	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adoption of NCCI loss costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Employers Assurance Company

Name of Company

Steven Koester, Underwriting Business Analyst

Official - Title



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

**FILED**

FORM (RF-3)

JAN 01 2011

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision  
effective 01/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	3,858,183	32.8%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Adoption of NCCI loss costs and adjustment of loss cost  
multiplier from the current 1.3 to 1.72 to make ECIC our high priced carrier.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Employers Compensation Insurance Company

Name of Company

Steven Koester, Underwriting Business Analyst

Official - Title

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>6,108,421</u>	<u>+5.9%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing> (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Employers Insurance Company of Wausau  
Name of CompanyBonnie Roeder State Filings Analyst  
Official - Title**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

MAY 01 2011

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 5-1-11

(1)		(2)	(3)
	<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$5,421,352</u>	<u>3.80%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting the advisory loss costs approved in NCCI circular IL-2010-10 with a loss cost multiplier of 1.64 with the exception of class 6204 which will have a multiplier of 0.74.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

MAY 04 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISEmployers Mutual Casualty Company

Name of Company

Don Coughenower  
Assistant Vice President

Official - Title

H29219D

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 01/01/2011.

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	817,896	0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): Adoption of NCCI loss costs

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Employers Preferred Insurance Company

Name of Company

Steven Koester, Underwriting Business Analyst

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision  
effective 05/01/2011.

**FILED**

MAY 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger		
	Commercial		
2.	Automobile Physical Damag Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers Compensation	\$37,374	+0.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): NCCI advisory rates and rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Employers Security Insurance Company

Name of Company

Richard W. Irons - Product Manager

Official - Title

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Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

JAN 28 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
01/01/11 **SPRINGFIELD**

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$1,362,998	-2.0 %
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI Circulars IL-2010-05 & IL-2010-10 effective 1/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Company

Name of Company

Ross FonticellaRoss C. Fonticella, ACAS, MAAA  
Vice President and Manager

Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# RECEIVED

JAN 28 2011

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

01/01/11

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,334,117	0.5 %
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI Circulars IL-2010-05 & IL-2010-10 effective 1/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Company of New York

Name of Company

*Ross Fonticella*

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

# FILED

JAN 01 2011 JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**RECEIVED**

Form (RF-3)

**ILLINOIS DEPARTMENT OF INSURANCE  
SUMMARY SHEET**

JAN 28 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD  
01/01/11

Change in Company's premium or rate level produced by rate revision effective

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$6,902,598	1.5 %
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: NoBrief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI Circulars IL-2010-05 & IL-2010-10 effective 1/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Exchange

Name of Company

Ross C. Fonticella, ACAS, MAAA  
Vice President and Manager

Official - Title



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JAN 28 2011

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

01/01/11

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	\$3,622,292	1.3 %

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI Circulars IL-2010-05 & IL-2010-10 effective 1/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Flagship City

Name of Company

*Ross Fonticella*

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

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JAN 28 2011

Form (RF-3)

## ILLINOIS DEPARTMENT OF INSURANCE SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective

01/01/11

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>\$62,779</u>	<u>4.8 %</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):  
This filing is to adopt the approved NCCI Circulars IL-2010-05 & IL-2010-10 effective 1/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Erie Insurance Property & Casualty

Name of Company

*Ross Fonticella*

Ross C. Fonticella, ACAS, MAAA

Vice President and Manager

Official - Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	11,217,881	-0.4%
16. Other		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization; specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 0.925 to 0.935. The filing maintains the current approved deviation of -40.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

RECEIVED

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Farmington Casualty Company

Name of Company

*Dori O'Keefe*

2nd Vice President

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	28,648,091	-0.7%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Federal Insurance Company

Name of Company

Assistant Vice President

Official Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	2,164,361	3.2%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.080 to 1.092. The filing maintains the current approved deviation of -30.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Fidelity and Guaranty Insurance Company

Name of Company

*Lori O'Keefe*

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Penn		
14. Crop Hail		
15. Workers Compensation	98,743	-1.5%
16. Other		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.235 to 1.248. The filing maintains the current approved deviation of -20.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Fidelity and Guaranty Insurance Underwriters, Inc.

Name of Company

*Doni O'Keefe*

2nd Vice President

Official - Title

WC-IL-7

Printing 08/95

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>5,525,839</u>	<u>+5.9%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

The First Liberty Insurance Corporation  
Name of CompanyBonnie Roeder State Filings Analyst  
Official - Title**FILED**

FEB 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$3,028,577</u>	<u>+6.3%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-11 NCCI-approved loss costs and revising Loss Costs Multiplier.**FILED**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

*Ammon 2011*

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED**

JUN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

First National Insurance Company  
of America

Name of Company

*Eric B. Ummel*

Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title



## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

**RECEIVED**

FORM (RF-3)

JAN 31 2011

## SUMMARY SHEET

Change in Company's premium or rate level produced by SPRINGFIELD, ILLINOIS  
 effective 01/01/2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers Compensation	<u>\$ 4,271,000</u>	<u>-1.01 %</u>
Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization):

This is to adopt NCCI's 1/1/11 loss costs. We are making no changes to our LCM as a result of the 1/1/11 change.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

First Nonprofit Insurance Company

Name of Company

Official - Title

*Mustafa E. Suleman, VP Program Mgmt*

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 06-01-2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$570,909</u>	<u>+2.5</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:  
No**FILED**

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting 1-1-11 NCCI-approved loss costs and revising Loss Cost Multiplier.**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

JUN 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**General Insurance Company of  
America

Name of Company

*Eric B. Ummel*Eric B. Ummel  
Vice President, Commercial Lines  
Product Management

Official - Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	1,833,691	-3.4%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Great Northern Insurance Company

Name of Company

Assistant Vice President

Official - Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective May 1, 2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	10,001,566	4.9%

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adoption of NCCI loss costs and rating values per approval circular IL-2010-10 with revised LCM of 1.669 effective May 1, 2011 for new and renewal business.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.

Grinnell Mutual Reinsurance Company  
Name of Company

Karen Bethea - Actuary  
Official - Title

H29219D

**FILED**

MAY 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

INS00106

**FILED**

MAY 01 2011

Form (RF-3)

## SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISChange in Company's premium or rate level produced by rate revision effective 5-1-11

(1) Coverage		(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>\$2,839,147</u>	<u>4.40%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

no

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adopting the advisory loss costs approved in NCCI circular IL-2010-10 with a loss cost multiplier of 1.64 with the  
exception of class 6204 which will have a multiplier of 0.74.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.Illinois EMCASCO Insurance Company

Name of Company

Don Coughenower  
Assistant Vice President

Official - Title

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>22,315,993</u>	<u>+5.8%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing> (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Liberty Insurance Corporation

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED****FEB 01 2011****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>34,905,930</u>	<u>+5.9%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Liberty Mutual Fire Insurance Company

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	5,224,420	+5.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Liberty Mutual Insurance Company

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**



**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	4,041,608	+5.9%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

LM Insurance Corporation

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

IL Department Of Insurance  
FORM (RF-3)  
SUMMARY SHEET

**RECEIVED**

JAN - 7 2011

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

(1) Coverage	(2) Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,379,541	-0.2%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new  
and renewal policies.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Maryland Casualty Company  
Name of Company

Nancy M. Hoppe, SVP and Chief Pricing /  
Official - Title

**RECEIVED**

DEC 20 2010

Form (RF-3)

**SUMMARY SHEET** **STATE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**  
**SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective 02/01/2011

(1) <u>Coverage</u>		(2) <u>Annual Premium</u> <u>Volume (Illinois)*</u>	(3) <u>Percent</u> <u>Change (+ or -)**</u>
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Workers'	3,819,856	-1.5%
	Compensation		
	Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary  
Market Advisory Loss Costs and Rating Values effective January 1, 2011, MSIG Effective  
Date February 1, 2011.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

FEB 01 2011

**STATE OF ILLINOIS**  
**DEPARTMENT OF INSURANCE**  
**SPRINGFIELD, ILLINOIS**Mitsui Sumitomo Insurance  
Company of America

Name of Company

Scott M. Herbert, Sr. Gov't.  
Affairs Analyst

Official - Title

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Form (RF-3)

SUMMARY SHEET **STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**

Change in Company's premium or rate level produced by rate revision effective 02/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers'</u>	1,804,190	-0.8%
<u>Compensation</u>		
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the National Council on Compensation Insurance, Inc.'s ("NCCI") Illinois Voluntary  
Market Advisory Loss Costs and Rating Values effective January 1, 2011, MSIG Effective  
Date February 1, 2011

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

## FILED

FEB 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

Mitsui Sumitomo Insurance  
USA Inc.

Name of Company

Scott M. Herbert, Sr. Gov't.  
Affairs Analyst

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 03/01/2011.

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>2,077,848</u>	<u>-20%</u>
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): We are modifying our current LCM of 1.495  
to 1.20 based on favorable results.

\* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

**FILED**

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

National Interstate Insurance Company  
Name of Company

Rachael Yash - Compliance Specialist  
Official - Title

**RECEIVED****Section 754.EXHIBIT A Summary Sheet (Form RF-3)**

DEC 22 2010

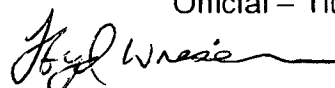
FORM (RF-3)

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**SUMMARY SHEET**Change in Company's premium or rate level produced by rate revision  
effective January 1, 2011.

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+or-) **
1. Automobile Liability Private Passenger		
Commercial		
2. Automobile Physical Damag Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other Workers' Compensation	\$20,390,000	+5.7%
Life of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISDoes filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: Yes: 7380, 8742, 8810, 8824, 8825, 8826, 8829,8832, 8835, 8842, 8864, 8868, 9015, 9040Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization): Adoption of 01/01/2011 NCCI advisory rates with the exception ofNHRMA Mutual class code 9926 rate of \$3.59.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.NHRMA Mutual Insurance CompanyName of CompanyLloyd Wiesemann, VP of Insurance ServicesOfficial - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	310,882	-3.4%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.543 to 1.560.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

NIPPONKOA Insurance Company, Limited

Name of Company

*Doni O'Keefe*

2nd Vice President

Official - Title

**RECEIVED**

Section 754

IL Department Of Insurance  
FORM (RF-3)  
SUMMARY SHEET

JAN - 7 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective January 1, 2011		
(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois) *	Percent Change (+ or -) **
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	\$2,377,506	-0.4%
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting the NCCI approval 1/1/2011 voluntary loss costs, for new and renewal policies.

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Northern Ins. Co. of New York  
Name of Company

Nancy M. Hoppe, SVP and Chief Pricing /  
Official - Title



# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	5,631,268	-3.2%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Pacific Indemnity Company

Name of Company

Assistant Vice President

Official Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Automobile		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,933,353	3.7%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 2.315 to 2.341. The filing maintains the current approved deviation of +50.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Phoenix Insurance Company

Name of Company

**RECEIVED**

JAN 18 2011

*Lori O'Keefe*

2nd Vice President

Official - Title

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

Printing 08/95

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2011.

**FILED**

APR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other Worker's Compensation	9,662,202	+2.2
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain Classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory Organization, specify organization): SECURA is adopting NCCI Advisory Rates and Misc Values per Circular IL-2010-10.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

SECURA Insurance, A Mutual Company

Name of Company

Daniel P. Ferris - Vice President & General Counsel

Official - Title

Change in Company's premium or rate level produced by rate revision effective 2/1/2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	642,869	9.8%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/10 and revising our current loss cost multipliers.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISSelective Insurance Company of  
America

Name of Company

Roni Schwartz

Official - Title

Change in Company's premium or rate level produced by rate revision effective 2/1/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>16,306,720</u>	<u>4.5%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/10 and revising our current loss cost multipliers.

- \* Adjusted to reflect all prior rate changes.  
 \*\* Change in Company's premium level which will result from application of new rates.

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
 DEPARTMENT OF INSURANCE  
 SPRINGFIELD, ILLINOIS

Selective Insurance Company of  
 South Carolina

Name of Company

Roni Schwartz

Official - Title

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 2/1/2011

	(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1.	Automobile Liability		
	Private Passenger		
	Commercial		
2.	Automobile Physical Damage		
	Private Passenger		
	Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other <u>Workers Compensation</u>	<u>6,783,525</u>	<u>7.0%</u>
	<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

We are adopting the NCCI loss costs that are effective 1/1/10 and revising our current loss cost multipliers.

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOISSelective Insurance Company of  
the Southeast

Name of Company

Roni Schwartz

Official - Title

FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Form (RF-3)

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> <u>Line of Insurance</u>	<u>\$2,569,669</u>	<u>0.0%</u>

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: No

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are filing to adopt NCCI's January 1, 2011 advisory rates for January 1, 2011.

RF-3 contains estimated information.

- \* Adjusted to reflect all prior rate changes.
- \*\* Change in Company's premium level which will result from application of new rates.

Sentry Casualty Company

Name of Company

William O'Reilly

- Vice President General Counsel & Corporate Secretary  
Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$18,306,913</u>	<u>0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: Classes 4112, 4150, 4561 and 9059 are discontinued.

Classes 4439 and 8869 adjusted. New classes 2797, 2799, 4109, 4110, 4149, 6503 and 8037.

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): This is an abbreviated rate change in response to NCCI's  
phraseology Item filings B-1408, B-1409, B-1410, B-1412 and B-1413.

**FILED**

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Sentry Insurance a Mutual Company  
Name of Company

*Mike Williams*

- Vice President - Chief Actuary  
Official - Title



SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective 1/1/2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u>	<u>\$3,642,136</u>	<u>0.0%</u>
<u>Line of Insurance</u>		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: Classes 4112, 4150, 4561 and 9059 are discontinued.

Classes 4439 and 8869 adjusted. New classes 2797, 2799, 4109, 4110, 4149, 6503 and 8037.

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization): This is an abbreviated rate change in response to NCCT's  
phraseology Item filings B-1408, B-1409, B-1410, B-1412 and B-1413.

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

- \* Adjusted to reflect all prior rate changes.  
\*\* Change in Company's premium level which will  
result from application of new rates.

Sentry Select Insurance Company  
Name of Company

*Mike Williams*

- Vice President - Chief Actuary

Official - Title

SUMMARY SHEET

Change in Company's premium or rate level produced by rate  
revision effective January 1, 2011

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Change (%)</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>16.0 - Workers Compensation</u> Line of Insurance	<u>\$2,750,43</u>	<u>0.40%</u>

Does Filing only apply to certain territory (territories) or certain  
classes? If so, specify: No

Brief description of filing. (If filing follows rates of an advisory  
organization, specify organization):

Workers Compensation Loss Costs Adoption Filing

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.

SPARTA Insurance Company

Name of Company

Kevin Purcell, Vice President - IRC

Official - Title

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	9,795,226	1.0%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.080 to 1.092. The filing maintains the current approved deviation of -30.0%.

- \* Adjusted to reflect all prior rate changes  
 \*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Standard Fire Insurance Company

Name of Company

*Lori O'Keefe*

2nd Vice President

Official - Title

## Section 754.EXHIBIT A Summary Sheet (Form RF-3)

FORM (RF-3)

## SUMMARY SHEET

**FILED**

MAR 01 2011

Change in Company's premium or rate level produced by rate revision  
effective 03/01/2011.

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

	(1) Coverage	(2) Annual Premium Volume (Illinois) *	(3) Percent Change (+or-) **
1.	Automobile Liability Private Passenger Commercial		
2.	Automobile Physical Damag Private Passenger Commercial		
3.	Liability Other Than Auto		
4.	Burglary and Theft		
5.	Glass		
6.	Fidelity		
7.	Surety		
8.	Boiler and Machinery		
9.	Fire		
10.	Extended Coverage		
11.	Inland Marine		
12.	Homeowners		
13.	Commercial Multi-Peril		
14.	Crop Hail		
15.	Other wc	9,919,050	1.4%
	Life of Insurance		

Does filing only apply to certain territory (territories) or certain  
Classes? If so,  
specify: No

Brief description of filing. (If filing follows rates of an advisory  
Organization, specify  
organization):

Star Insurance Company (Star) will adopt NCCI's January 1, 2011 advisory rates with new  
business and renewals effective March 1, 2011.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new  
rates.

Star Insurance Company

Name of Company

Compliance Analyst

Official – Title

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective 04/01/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	28,102,670	-0.3%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: N/A

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): Adopting NCCI's 1/1/2011 loss costs and miscellaneous rating values.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

State Farm Fire and Casualty Company  
Name of Company

Gregory S. Girard, Actuary & Assistant Secretary-Treasurer  
Official - Title

**FILED**  
APR 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

# FILED

Form (RF-3)

SUMMARY SHEET

JAN 01 2011

Change in Company's premium or rate level produced by  
revision effective 01/01/2011STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	383,164	+2%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes?  
If so, specify: N/ABrief description of filing. (If filing follows rates of an advisory  
organization, specify organization): NCCIAdoption of NCCI IL WC Voluntary Market-Advisory Rates, Loss Costs, and Rating  
Values Effective January 1, 2011 in addition to the Adoption of NCCI CW Item  
Filing B-1420 Revisions to Basic Manual Rule 2-E-1-b-Executive Officers Premium  
Determination, 2-E-3 Partners and Sole Proprietors, and Creation of Appendix F

\* Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will  
result from application of new rates.TRANSGUARD INSURANCE COMPANY OF AMERICA, INC.

Name of Company

Gloria A. Goldbranson, FLMI - Senior Compliance Business Analyst  
Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	12,299,193	0.3%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.235 to 1.248. The filing maintains the current approved deviation of -20.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Travelers Casualty Insurance Company of America

Name of Company

*Don O'Keefe*

2nd Vice President

Official - Title

**FILED**

WC-IL-7

JAN 01 2011

Printing 08/95

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**FILED****Illinois****JAN 01 2011****ILLINOIS SUMMARY SHEET****FORM RF-3****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,222,344	-1.6%
16. Other		
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approvedWorkers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 2.006 to 2.029. The filing maintains the current approved deviation of + 30.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED****JAN 18 2011****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Travelers Casualty & Surety Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

**WC-IL-7****Printing 08/95**



ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1)	(2)	(3)
Coverage	Annual Premium Volume (Illinois)*	Percent Change (+ or -)**
1. Automobile Liability Private Passenger Commercial		
2. Automobile Physical Damage Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	19,137,738	2.3%
16. Other		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.852 to 1.873. The filing maintains the current approved deviation of +20.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

The Travelers Indemnity Company

Name of Company

*Dore O'Keefe*

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	24,941,094	0.9%
16. Other		
Line of Insurance		

**FILED**  
JAN 01 2011  
STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization)

Adoption of NCCI approved

Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase in the current loss cost multiplier from 1.543 to 1.560.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

The Travelers Indemnity Company of America

Name of Company

**RECEIVED**

JAN 18 2011

*Lori O'Keefe*

2nd Vice President

Official - Title

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

Printing 08/95

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	8,930,731	-0.5%
16. Other		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.543 to 1.560.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

Printing 08/95

The Travelers Indemnity Company of Connecticut

Name of Company

*Dori O'Keefe*

2nd Vice President

Official - Title

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	51,226,944	1.3%
16. Other		
Line of Insurance		

**FILED**

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.389 to 1.404. The filing maintains the current approved deviation of -10.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

Travelers Property Casualty Company of America

Name of Company

*Don O'Keefe*

2nd Vice President

Official - Title

**RECEIVED**

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

WC-IL-7

Printing 08/95

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

3/1/2011

(1) <u>Coverage</u>	(2) <u>Annual Premium Volume (Illinois)*</u>	(3) <u>Percent Change (+ or -)**</u>
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u>	\$7,211,328	0.40%
Line of Insurance		

Does filing only apply to certain territory (territories) or certain classes? If so, specify: We are revising the list of  
credited classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization): We are adopting

NCCI Loss Costs (IL-2010-10). We have changed our deviated Loss Cost Multiplier to 1.518, and

our surcharged Loss Cost Multiplier to 1.897. Schedule credits/debits are changed to +/-40%.

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

United Fire & Casualty

Name of Company

Allen R. Sorensen, VP - Corporate Underwriting

Official - Title

# FILED

MAR 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

ILLINOIS SUMMARY SHEET

FORM RF-3

Change in Company's premium or rate level produced by rate revision effective

January 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability		
Private Passenger		
Commercial		
2. Automobile Physical Damage		
Private Passenger		
Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Workers Compensation	4,033,687	3.6%
16. Other		
Line of Insurance		

FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

Does filing only apply to certain territory (territories) or certain classes? If so, specify

No.

Brief description of filing (if filing follows rates of an advisory organization, specify organization) Adoption of NCCI approved  
Workers Compensation loss costs and rating values per NCCI Circular IL-2010-10. The filing proposes an increase  
in the current loss cost multiplier from 1.698 to 1.717. The filing maintains the current approved deviation of +10.0%.

\* Adjusted to reflect all prior rate changes

\*\* Changes in Company's premium level which will result from application of new rates.

RECEIVED

JAN 18 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

United States Fidelity and Guaranty Company

Name of Company

Lori O'Keefe

2nd Vice President

Official - Title

WC-IL-7

Printing 08/95

# ILLINOIS DEPARTMENT OF INSURANCE

## SUMMARY SHEET

Change in Company's premium or rate level produced by rate revision effective

01/01/2011

(1)	(2)	(3)
<u>Coverage</u>	<u>Annual Premium Volume (Illinois)*</u>	<u>Percent Change (+ or -)**</u>
1. Automobile Liability Private		
Passenger Commercial		
2. Automobile Physical Damage		
Private Passenger Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers' Compensation</u> Line of Insurance	2,060,989	-3%

Does filing only apply to certain territory (territories) or certain classes? If so, specify:

Applies to all territories and classes.

Brief description of filing. (If filing follows rates of an advisory organization, specify organization):

Adoption of the 1/1/11 loss costs published by NCCI (NCCI Filing Circular # IL-2010-05)

\*Adjusted to reflect all prior rate changes.

\*\*Change in Company's premium level which will result from application of new rates.

Vigilant Insurance Company

Name of Company

Assistant Vice President

Official - Title

# FILED

JAN 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET****STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD**Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>24,566,209</u>	<u>+5.9%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Wausau Business Insurance Company

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS**



## ILLINOIS DEPARTMENT OF INSURANCE

DEC - 8 2010

### SUMMARY SHEET

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD

Change in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	524,911	+5.9%

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classes

Brief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Wausau General Insurance Company

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS

**RECEIVED****ILLINOIS DEPARTMENT OF INSURANCE**

DEC - 8 2010

**SUMMARY SHEET**STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELDChange in Company's premium or rate level produced by rate revision effective February 1, 2011

(1) Coverage	(2) Annual Premium Volume (Illinois)*	(3) Percent Change (+ or -)**
1. Automobile Liability Commercial		
2. Automobile Physical Damage Commercial		
3. Liability Other Than Auto		
4. Burglary and Theft		
5. Glass		
6. Fidelity		
7. Surety		
8. Boiler and Machinery		
9. Fire		
10. Extended Coverage		
11. Inland Marine		
12. Homeowners		
13. Commercial Multi-Peril		
14. Crop Hail		
15. Other <u>Workers Compensation</u> Line of Insurance	<u>20,340,062</u>	<u>+5.9%</u>

Does filing only apply to certain territory (territories) or certain classes? If so, specify: \_\_\_\_\_  
All territories and classesBrief description of filing > (If filing follows rates of an advisory organization, specify organization):  
Adopt NCCI loss costs (circular IL-2010-10) and revise Loss Cost Multipliers with an effective date of 2/1/2011.

\*Adjusted to reflect all prior rate changes.

\*\* Change in Company's premium level which will result from application of new rates.

Wausau Underwriters Insurance Company

Name of Company

Bonnie Roeder State Filings Analyst

Official - Title

**FILED**

FEB 01 2011

STATE OF ILLINOIS  
DEPARTMENT OF INSURANCE  
SPRINGFIELD, ILLINOIS